King County

King County Mental Health Advisory Board
January 12, 2016, 4:30-6:30pm, Chinook Room 126

Attendees in person	Nancy Dow, Alica Glenwell, Kristin Houser, Veronica Kavanagh, Toni Krupski, Katelyn Morgaine, Dan Nelson, Kathy Obermeyer, Allen Panitch, Heather Spielvogle, Jeff Fullington, Cavan O'Grady, Susan O'Patka, Makeda Ebube, Susan McLaughlin	
Attendees by phone:	None.	
Guests and Minute-taker	Mary Paterson	
Issues	**Discussion**	**Recommendations/ Outcomes**
Welcome & Introductions (Kristin Houser)	We are well on our way to a good collaboration with the King County Alcohol and Substance Abuse Advisory Board (ASAAB) beginning in April 2016.	
Approval of Minutes	All approved the minutes for the November 9. 2015 MHAB meeting and the December 3, 2015 Joint Meeting of the MHAB and ASAAB.	
Statement of Financial Forms (Bryan Baird)	Please return your annual Statement of Financial Forms to Bryan by March 15, 2016. You should include other Boards that you sit on.	
Integration (Susan McLaughlin)	We are two and a half months from the "go live" date for mental health and substance abuse services integration. Several pieces of legislation have been sent to the King County Council; our new Division name has been approved as Behavioral Health and Recovery Division, and there are updates to reflect our new responsibilities. We submitted and got feedback on our Detailed Plan, overall doing very well on all requirements except a few. We expect a transition contract effective February 1, 2016, with integrated services and state funding both starting April 1. The transition contract will reflect language regarding the combined advisory board and The state is requiring that the new board be 51% consumers or parents/guardians of consumers. Some board members expressed concern that this mark would be hard to meet and that other family members have lived experience that would be valuable on the BHAB. Their initial input on this subject may have been misunderstood; "people with lived experience" could be the primary inclusion. BHRD received 40 applications for the new board. Jim Vollendroff has been reviewing the applications and will make recommendations to the Executive, who will then make final recommendations to the	Susan will keep an eye out for relevant bills. Susan will follow up on that issue, and Kristin will follow up with Chris Imhoff.

	Council, with a March 1 deadline. All but a couple of County districts are represented in the applications, and there will be a balance of SUD and MH perspectives. Several new positions are being filled (contract monitors and care authorizers); care authorizers will now be handling SUD residential treatment. The State has now published rates and BHRD has hired a consultant to help analyze them. Medicaid funding has increased overall but there is a decrease in some Medicaid rates – in particular, for newly eligible Medicaid clients, as a result of estimated utilization rates for MH and SUD services in 2014 and 2015 that were higher than what actually happened. A related issue is workforce capacity: a survey of providers showed over 200 open positions; even if people are in need of services, therefore, there is not enough workforce capacity to meet their need, and this will drive utilization rates down. Still another issue is the additional $44 million that the state spent on mental health services, which should have raised utilization rates. Medicaid rates will be finalized this legislative session. Board members voiced a concern about the "downward spiral" this creates: lowered funding rates and low workforce capacity lead to reduction in services which leads to low utilization rates and decreased funding rates. The State is behind in their timeline for publishing the new BHO data requirements; the Data Dictionary is coming on this Friday (1/15/16). We are very confident about paying providers beginning April 1 and we are working closely with them to help them be ready to submit data, although not all will be able to. The discrepancy between 42CFR and HIPAA has been worked out with our attorneys. SUD residential treatment is a brand new book of business for us. We will be working with facilities across the state because there are not enough available SUD residential beds in King County. We are also working with providers on creating a co-occurring services model: 13 out of 40 outpatient providers we contract with are SUD only, and 8 are MH only; close to half are working on gaining dual licensure, but none are required to do both. Providers now meet with BHRD as MH and SUD combined: CEOs attend one meeting and clinical directors attend a separate meeting. In terms of BHRD management, Jim continues as Division Director and Brad is Interim RSN Administrator; once a new BHO Administrator position is filled, that person will interact with the State, do analysis, ensure requirements are met, etc, while Brad will have a clinical orientation and be responsible for day-to-day operations. Susan will remain in the Department's Director's Office to continue integration, phase II (integration of behavioral health and physical health). The state is not currently changing SUD and MH WACs; we will recommend alignment of them. Our priority is for clients to have a seamless and safe transition. Our advantage is that our RSN is a single County where MH and SUD	Guest asked if the new Board would be trained in ESJ ("highly important") and Susan said we would ask that of the new BHAB. A request was made to have a fiscal presentation at a Board meeting sometime during the next 2-3 months. The Board could advocate regarding the revised rates during this legislative session.

	services have been combined since 1999.	
Chairperson's Report (Kristin Houser)	Future meeting times: the 1st Thursday of every month, 11:30-1, is the focus and will be revisited at the first meeting. Dan Nelson can't do Tuesday afternoons, but Thursdays are okay; Nancy Dow will not find this time easy but is willing to try. The last meeting of the two boards will be a joint board meeting on March 8, 4:30-6:30. The MHAB has taken an interest in Managed Care plans because of the way people move back and forth between RSN services and managed care services. Molina and Community Health plans of Washington have presented at our meetings, and we have had access to 2013 utilization numbers: • In 2013, 15,163 children received outpatient mental health services, which is concerning because this number is just 2% of the total 702,000 children covered by WA Apple Health (26.5% of 12-17 year olds needed Apple Health MH services). • 3.5% of adults received outpatient mental health services through managed cared, compared with 47.5% of 22-64 year olds receiving Medicaid coverage. • Managed Care plans provide services to those who meet Access to Care requirements and those who do not, whereas Medicaid services are available only to those who meet the Access to care requirements. A public disclosure request for 2014 utilization figures has been made. Washington state is one of the largest Medicaid providers, with a high number of enrollees. At the provider level, caseloads typically contain clients who don't engage consistently over the whole year. There is no requirement that the benefit has to be sustained for the full year, but providers try to balance needs, keeping clients in the system even if they aren't coming to appointments. At Harborview, for example, scheduled appointments are removed from the books if the client doesn't show up but the client stays on the case manager's list. At DESC, case managers have 45-50 clients with approximately 35 actively engaged. According to work that Rep Kagi has done in writing a bill that would provide more MH funding for screening and services, 54,000 children have psychiatric disorder diagnoses, but only 15,000 are receiving services. Managed care plans say they are already providing navigation for consumers and resist requirements for increasing access to services. Factors (in addition to funding and case rates) to increase effectiveness of mental health services for children: transportation to treatment, location of services (at schools, for example), how we engage children, collaborative care model that we also had a presentation on.	A calendar invitation needs to be sent out to all members. Susan will send gap analysis data (the need versus the penetration rate). This issue will be kept alive in the new BHAB meetings. Committees could include children's BH (prevention, screening, depression, anxiety, stress, suicidality).

	Best Starts for Kids (BSK) – implementation plan is due June 2016 and programs begin end of 2016 – will focus on prevention (mental health, SUD, early intervention), and MIDD will focus more on crisis intervention; the hope is that the two areas will connect and be visible and that access will not be so siloed.	
Mental Health Block Grant	During this transition period, we will apply to renew the Block Grant, keeping the current strategies for now and amending the plan as needed after we become a BHO in April. The Block Grant is federal, non-Medicaid funding, not for services that can be paid for with Medicaid funding: • Tribal mental health diagnoses (like Muckleshoot and Snoqualmie tribes) • Recovery Support Services (like Hero House) • Forensic Integration Reentry • Children's Crisis (CCORS) • Scholarships for NAMI for consumer training fund • Geriatric Regional Assessment (GRAT)	All approved a motion to approve the submission of the Block Grant
Legislative Report	The Legislative Forum in November: the addition of legislators being available before the presentation to meet with constituents was very successful. For upcoming forums, BHRD could try to get speakers who would draw bigger crowds and maybe also shorten the speaker list. Jim Vollendroff has been advocating for the new combined Board to have a larger role in legislative advocacy. Key issues this legislative session are Certificate of Restoration of Opportunity (CROP), Integrated Involuntary Treatment Act (ITA), Medication-Assisted Treatment for Addiction, Confidentiality, Institutions for Mental Disease, Ricky's Law, raising the minimum age for tobacco. One bill regarding access to children's mental health services is also being reviewed; privatization has not increased access, Lauren Davis of Forefront did an advocacy training on Saturday (January 9) that was excellent and very well attended.	Possibility of Chris Verschuyl coming to the Board in February. Susan will try to get data on RSN utilization for children's mental health services.
Closing Remarks	Could we acknowledge Bryan in some way? His assistance has been fabulous! Susan will collect ideas for what should go into the training notebook for members of the new BHAB: • An org chart where we can see the flow of responsibilities, communication, and funding from the federal and state level through the County level to providers, with the BHAB included. • Contact list including phone numbers to allow for discussion between meetings (all decision-making and business to be done in meetings). • weblinks All training and onboarding needs to happen for everyone on the new Board. The two Board presidents were thanked and positive changes over the last number of years were noted. The meeting of the MH Advisory Board adjourned at 6:30pm.	